

D M Jarrott A Professional LLC

Neurological Surgery
Post Office Box 55940
Metairie, Louisiana 70055-5940

Covington (504) 893-9292

Fax 893-6116

August 17, 2001

Ms. Kimberly Topper
Food & Drug Administration
Advisor's & Consultant Staff
HFD-21
5600 Fishers Lane
Rockville, MD 20857

VIA FAX - (301)827-6801

Re: Chronic Opioid Use
Docket No. 01N-0256

Dear Ms. Topper:

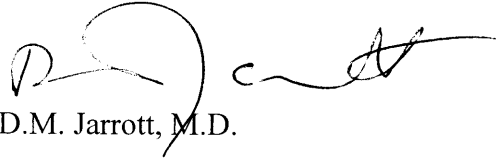
I am a Board Certified Neurosurgeon retired from the actual practice of surgery because of carpal tunnel injuries. I've maintained an active practice dedicated to the management of chronic pain in non-operated and operated spinal patients. I have over 100 patients taking Oxycontin for chronic pain control. I find this medication to be very effective in at least 60% of patients. I have encountered progressive self reinforcing behavior leading to actual drug abuse in 1-2% of cases. Overall it has been a most satisfactory pain relieving medication.

I wonder if you would consider the following: 1) As far as I can, tell zero patients have died of using Oxycontin as directed whereas 16,000 did per year using non-steroidal antiinflammatory medications (NSAIDS) as directed. Only the most flagrant outrageous intravenous type abuse and/or deliberate oral ingestion in abusive quantities has led to death from Oxycontin ingestion. As far as I can tell this is a ratio of approximately one out of 1,000 patients offered the medication - easily within the range predicted from the risk of flagrant addiction developing as a result of chronic opioid administration for chronic pain syndromes; 2) If I as a physician were to give a patient a prescription to walk or drive over the Greater New Orleans Bridge to enter the City of New Orleans, and halfway across that bridge they decided for reasons unknown to stop their car and leap off the bridge just for a thrill and were killed, would I as a physician be considered responsible for that death. Should we tear the bridge down and all resort to swimming against the current to prevent further deaths from such high leaps.

Even the Louisiana State Board of Medical Examiners acknowledges in their written rules and regulations regarding the medications to be used in the treatment of non-cancer related chronic or intractable pain that "the treatment of non-cancer related chronic or intractable pain

with controlled substances (referring to pain medicines) constitutes legitimate medical therapy when provided in the usual course of professional medical practice and when fully documented in the patient's medical record." The media hysteria which has attended the Oxycontin misadventures as reported in newspaper, magazine and television since January of this year is consistent with the hypothesis that some agent or agents are interested in fostering an atmosphere of fear and repression regarding pain medications leading, one supposes, to the increased utilization of the painful, useless, generally non-productive, and futile interventional procedures such as nerve blocks, epidural injections, spinal cord stimulator implantations and various forms of increasingly inappropriate surgical attack on the lumbar spine.

Sincerely,

A handwritten signature in black ink, appearing to read 'D.M. Jarrott', with a large, stylized loop at the end.

D.M. Jarrott, M.D.

DMJ/cs